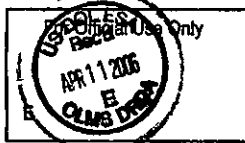


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10548</u>	2 Fiscal Year Covered From <u>01 / 01 / 05</u> Through <u>12 / 31 / 05</u>
3 Name and address of person filing Name <u>Robert Rybak</u> P O Box Bldg Room No if any Street <u>980 Keynote Circle</u> <u>Brooklyn Hts , OH 44141-1801</u> City State ZIP Code + 4	4 Name file number and address of labor organization Name <u>Plumbers Local Union No 55</u> Labor Organization File Number <u>011734</u> P O Box Building and Room Number if any Street <u>980 Keynote Circle</u> <u>Brooklyn Hts , OH 44131-1801</u> City State ZIP Code + 4
5 Position in labor organization <u>Business Manager and Trust Fund Administrator</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>N/A</u> Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income <u>N/A</u> 7 b Amount <u>N/A</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>3-28-06</u> <u>216-459-0099</u> Date Telephone Number

Name of Person Filing <b>Robert Rybak</b>	File Number <b>U</b>
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8</b> Name and address of Business (including trade name if any)  Name <b>Plumbers Local No 55</b> Trade Name if any <b>S U B Fund</b>  P O Box Bldg Room No if any  Street <b>980 Keynote Circle</b> City <b>Brooklyn Hts ,</b> <b>Ohio 44131-1801</b> State                                   ZIP Code + 4	<b>9</b> Business deals with  <div style="margin-left: 40px;">           a Labor Organization   <input checked="" type="checkbox"/> b Trust             c Employer         </div>
<b>10</b> If 9 b or 9 c is checked give trust or employer's name  Name <b>Plumbers Local No 55</b> Trade Name if any <b>S U B Fund</b>  P O Box Bldg Room No if any  Street <b>980 Keynote Circle</b> City <b>Brooklyn Hts ,</b> <b>Ohio 44131-1801</b> State                                   ZIP Code + 4	<b>11 a</b> Nature of such dealing  <b>Multiemployer Taft Hartley trust fund providing supplemental unemployment benefits to members of a labor organization</b>  <hr/> <b>11 b</b> Approximate dollar value of such dealing <b>unknown</b>  <b>12 a</b> Nature of interest held or income received  <b>Reimbursed expenses for educational conference</b>  <hr/> <b>12 b</b> Amount <b>\$2,551 28</b>

<b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name <b>N/A</b> Trade Name if any  P O Box Bldg Room No if any  Street  City  State                                   ZIP Code + 4	<b>14 a</b> Nature of payment  <b>N/A</b>
<b>13 b</b> Is the Business an Employer                   or Consultant                   ?	<b>14 b</b> Amount of payment

PLUMBERS LOCAL NO 55  
SUB FUND  
(S.U.B. OPERATING FUND)  
980 KEYNOTE CIRCLE  
CLEVELAND, OH 44131

Check No 02653  
Check Date 3/11/05

Reimb RWR SUB Exp FL Conf

\$1277 98

THE FACE OF THIS DOCUMENT IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK

PLUMBERS LOCAL NO 55  
SUB FUND  
(S.U.B. OPERATING FUND)  
980 KEYNOTE CIRCLE  
CLEVELAND, OH 44131

NATIONAL CITY BANK  
612410

Date  
3/11/05

Amount

\$1277 98

\$1277 98

PAY

To the  
Order  
Of

Plumbers Union Local No. 55  
980 Keynote Circle  
Brooklyn Heights OH 44131

*[Handwritten Signature]*

⑈002653⑈ ⑆041000124⑆ 4423198⑈

Supplemental Unemployment Benefit Fund  
Vendor Ledgers

For the Period From Feb 8, 2005 to Feb 8, 2005

Filter Criteria Includes 1) IDs from ROBERT W RYBAK to ROBERT W RYBAK. Report order is by ID

Vendor ID Vendor	Date	Trans No	Type	Paid	Debit Amt	Credit Amt	Balance
ROBERT W RYBAK Robert W Rybak	2/8/05	02649	CDJ		750 00	750 00	0 00

CK#

DESCRIPTION

SUB FUND SEMINAR

FEBRUARY 12 THRU

FEBRUARY 16, 2005

5 DAYS EXPENSES

@ \$150.00 PER DAY

PLUMBERS LOCAL NO. 55  
S. U. B. FUND  
(S. U. B. OPERATING FUND)  
980 KEYNOTE CIRCLE  
CLEVELAND, OH 44131

remittance to S. U. B. fund 2/11

\$523.30

Check No. 02654  
Check Date 3/1/05

THE FACE OF THIS DOCUMENT IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK

PLUMBERS LOCAL NO. 55  
S. U. B. FUND  
(S. U. B. OPERATING FUND)  
980 KEYNOTE CIRCLE  
CLEVELAND, OH 44131

NATIONAL CITY BANK

Date

Amount

3/1/05

\$523.30

PAY

Order  
Plumbers Union Local No. 55  
980 Keynote Circle  
Brooklyn Heights OH 44131

⑈002654⑈ ⑈041000124⑈ 4423190⑈

**PLUMBERS LOCAL UNION NO. 55 SUPPLEMENTAL UNEMPLOYMENT  
BENEFIT FUND**

***980 Keynote Circle  
Brooklyn Hts OH 44131***

March 28, 2006

U S Department of Labor  
Employment Standards Administration  
Office of Labor - Management Standards  
200 Constitution Ave NW Room N 5119  
Washington, D C 20210



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RE Plumbers' Local 55 S U B Fund  
980 Keynote Circle  
Brooklyn Hts , OH 44131

To whom it may concern

Enclosed is the completed form LM-10 and related LM 30 of the above Taft Hartley trust fund

Very truly yours,

Robert Rybak, Administrator